

AMUSEMENT DEVICE PERMIT- ARCADE LICENSE APPLICATION

NAME OF APPLICANT (Individual/Partnership/Corporation/LLC)		DATE OF BIRTH	
NAME OF ESTABLISHMENT		PHONE NUMBER	
PHYSICAL ADDRESS OF ESTABLISHMENT	CITY	STATE	ZIP
MAILING ADDRESS (If different than above)	CITY	STATE	ZIP
Check All That Apply			
AMUSEMENT DEVICE PERMIT The undersigned hereby applies for a permit to engage in the operation of the following Amusement devices in accordance with East Troy Municipal Code 7-9-1 to 7-9-8 <input type="checkbox"/> ELECTRONIC GAME MACHINES / JUKEBOX # of Machines _____ <input type="checkbox"/> PIN BALL MACHINES # of Machines _____ <input type="checkbox"/> POOL TABLES # of Tables _____ TOTAL NUMBER OF MACHINES and/or TABLES: _____		\$15.00 Per Machine or Table = \$ _____ \$ _____ \$ _____	
AMUSEMENT ARCADE LICENSE Any establishment at which six or more amusement devices are located shall pay an annual fee of \$150.00 for an Amusement Arcade License			
An Investigative Fee of \$5.00 must accompany this application if the applicant is not licensed for alcoholic beverages. <div style="text-align: right;">Investigative Fee</div>			
TOTAL DUE:		\$ _____	

Please complete & sign reverse side of application

Please list names and addresses of all officers, directors, agents and partners of Corporations, Partnerships or Limited Liability Companies if different from names listed on Alcohol Beverage License Application.

Have you been convicted of any violation of federal, state or municipal laws, other than traffic offenses within the last five years?

☐ No

☐ Yes If yes, state date, nature of offense and location:

Date

Nature of Offense

Location: City, County and State

I certify that all statements made above are true. I give the Village of East Troy permission to perform any necessary checks to verify the above statements. I understand if false statements are made on this application it may be grounds for denial. I further agree to comply with and be bound by all laws, ordinances, rules, regulations and penalties pertaining to the requested license(s)/permit.

PLEASE ATTACH COPY OF DRIVER'S LICENSE

License period July 1st to June 30th.

Date _____

Applicant's Signature _____

-For Office Use Only-

Date Paid	Amusement Device Permit #	Amusement Arcade License #
	100-44130	100-44130
Amount Paid	Disposition & Date of Investigative Check:	